Robert S. Koppel 8300 Greensboro Dr. Suite 1200 Tysons, VA 22102

NOT ADMITTED IN VA bkoppel@fcclaw.com (703) 584-8669 www.fcclaw.com



June 30, 2017

VIA HAND DELIVERY

Marlene H. Dortch Secretary Federal Communications Commission 445 12th Street, S.W., Room TW-A306 Washington, D.C. 20554

Re: Rainbow Telecommunication Association (SAC 411820)

FCC Form 481 - Carrier Annual Report due July 3, 2017

WC Docket No. 14-58

Dear Secretary Dortch:

On behalf of Rainbow Telecommunications Association ("Filer"), enclosed is a redacted public version of Filer's FCC Form 481 Carrier Annual Report submitted pursuant to Sections 54.313 and 54.422 of the Commission's Rules ("Form 481 Report"). The enclosed redacted version of the Form 481 Report has been marked "REDACTED – FOR PUBLIC INSPECTION."

The Report has been submitted to the Universal Service Administrative Company.

Filer is also submitting, under separate cover, a confidential copy of the Form 481 Report. The confidential version has been marked "CONFIDENTIAL – NOT FOR PUBLIC INSPECTION."

Please contact the undersigned if any questions arise concerning the above-referenced Report or if you require any additional information.

Sincerely,

Robert S. Koppel

Robert S. Koppel

Enclosure

| FCC For | REDACTED m 481 - Carrier Annual Reporting Data Collection Form | - FOR PUBLIC INSPEC#4@Ns1 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|---------|---------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------|
| <010> | Study Area Code | 411820 |
| <015> | Study Area Name | RAINBOW TELECOM |
| <020> | Program Year | 2018 |
| <030> | Contact Name: Person USAC should contact with questions about this data | Beverly Armstrong |
| <035> | Contact Telephone Number: Number of the person identified in data line <030> | 7855487511 ext.1106 |
| <039> | Contact Email Address: Email of the person identified in data line <030> | bev@rainbowtel.com |
| | Form Type | 54.313 and 54.422 |

Page 2

| 4015> Study Area Name 4020> Program Year 4030> Contact Name - Person USAC should contact regarding this data 4035> Contact Telephone Number - Number of person identified in data 4035> Contact Femil Addisess - Femil Addises of neston identified in data | <u>.</u> | | | | 411820 | | | | | | |
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| | ne | | | | RAINBOW TELECOM | сом | | | | | |
| | | | | | 2018 | | | | | THE PERSON NAMED IN COLUMN NAM | |
| | - Person USAC | should contact | regarding this | data | Beverly Arms | strong | | | | | |
| | one Number - | Number of per | son identified i | in data line <030> | <pre>D> 7855487511 ext.1106</pre> | 3Xt.1106 | | | | | |
| - | Address - Email | Address of per | Contact Email Address - Email Address of person identified in data | in data line <030> | <pre>0> bev@rainbowtel.com</pre> | tel.com | | | | | |
| <210> For the prior calendar year, were there any reportable voice service outages? | calendar yea | ', were there | any reportab | le voice servit | e outages? | No | | | | | |
| <220> | 401> | < | \$2> | \$ | ¢ | \$ | \$ | ê | + | ŝ | ŧ |
| NORS Reference (Number | Outage Start Outage Start Date Time | | Outage End Date | 2 | Number of Customers Affected | Total Number of Customers | 911 Facilities Affected (Yes / No) | Service Outage Description (Check all that apply) | Did This Outage Affect Multiple Study Areas (Yes / No) | Service Outage Resolution | Preventative Procedures |
| | | | | | | | | | | | |
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| (300) Unfuffilled Service Request Data Collection Form | FCC Form 481. OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <010> Study Area Code | 411820 |
| <015> Study Area Name | RAINBOW TELECOM |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Beverly Armstrong |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bev@rainbowtel.com |
| <300> Unfulfilled service request (voice) | 0 |
| <310> Detail on attempts (voice) | |
| Na | Name of Attached Document |
| <320> Unfulfilled service request (broadband) | 0 |
| <330> Detail on attempts (broadband) | |
| | Name of Attached Document |

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| <010> | Study Area Code 411820 | |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|
| <015> | Study Area Name RAINSON | FELIXON |
| <020> | Program Year 2018 | |
| <030> | Contact Name - Person USAC should contact rega | ding this data Severly Arestrong |
| <035> | Contact Telephone Number - Number of person in <030> | entified in data line 7855487511 ext.1106 |
| <039> | Contact Email Address - Email Address of person i <030> | Jentified in data line hevarathhouto; .com |
| <400> | Select from the drop-down list to indicate how you voice complaints (zero or greater) for voice teleph calendar year for each service area in which you a any facilities you own, operate, lease, or otherwise | ony service in the prior Offered only fixed voice e designated an ETC for |
| <410> | Complaints per 1000 customers for fixed voice | 0.0 |
| <420> | Complaints per 1000 customers for mobile voice | |
| <430> | Select from the drop-down list to indicate how yo end-user customer complaints (zero or greater) fo the prior calendar year for each service area in wh an ETC for any facilities you own, operate, lease, o | rbroadband service in Offered only fixed broadband ich you are designated |
| <440> | Complaints per 1000 customers for fixed broadba | nd 0.0 |
| <450> | Complaints per 1000 customers for mobile broads | and |

| <010> | Study Area Code | 411920 |
|-------|-------------------------------------------------------------------------------|---------------------|
| <015> | Study Area Name | RAINEOW TELECON |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Reverly Armscrong |
| <035> | Contact Telephone Number - Number of person Identified in data line <030> | 7855687511 exc.1106 |
| <039> | Contact Email Address - Email Address of person Identified in data line <030> | bev@rainbowtel.com |
| <500> | Certify compliance with applicable service quality standards and consumer pr | otection rules Yes |
| | | 411820ks510.pdf |
| <510> | Descriptive document for Service Quality Standards & Consumer Protection Re | Nar Compliance |

(600) Functionality in Emergency Situations REDACTED - FOR PUBLIC INSPECTION

| <010> | Study Area Code | 411820 |
|-------|-------------------------------------------------------------------------------|---------------------|
| <015> | Study Area Name | RATEBON TELECON |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Beverly Arm≥trong |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bev3rainboxcel.com |
| <600> | Certify compliance regarding ability to function in emergency situations | Yes |
| <610> | Descriptive document for Functionality in Emergency Situations | 411820ks610.pdf |
| | | |

| Study Area Code State Code | Study Area Name Study Area Name Study Area Name Program Vear Contact Name - Person USAC should contact regarding this data line Contact Email Address - Email Address of person identified in data line Contact Email Address - Email Address of person identified in data line Contact Email Address - Email Address of person identified in data line Residential Local Service Charge Effective Date State - Service Residential Local Service Charge State - Service Charge (ILEC) State - Service Charge (ILEC) State - Service Charge Charge Charge State - Service Charge Charge Charge Charge State - Service Charge Cha | July 2013 |
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| ### Case attached worksheet ### See attached worksheet # | Program Year Contact Name - Person USAC should contact regarding this data e Contact Telephone Number - Number of person identified in data line Contact Email Address - Email Address of person identified in data line Residential Local Service Charge Effective Date Contact Email Address - Email Address of person identified in data line Contact Email Address of person identified in data line Residential Local Service Charge Effective Date Address - Email Address of person identified in data line Contact Email Address of person identified in data line Residential Local Service Charge Address - Email Address - Email Address of person identified in data line Contact Email Address - Email Address of person identified in data line Residential Local Service Charge Address - Email Address - Email Address of person identified in data line Contact Email Address - Email Address - Email Address of person identified in data line Address - Email Address | |
| Program tear Contact Name - Person USAC should contact regarding this data line 4030 7851497311 ext. 1104 Contact Telephone Number of person identified in data line 4030 785149731 ext. 1104 Contact Telephone Number of person identified in data line 4030 785149731 ext. 1104 Contact Telephone Number of person identified in data line 4030 785149731 ext. 1104 Contact Telephone Number of person identified in data line 4030 785149731 ext. 1104 State | Program Year Contact Name - Person USAC should contact regarding this data line Contact Telephone Number - Number of person identified in data line Contact Email Address - Email Address of person identified in data line Contact Email Address - Email Address of person identified in data line Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge State Exchange (ILEC) SAC (CETC) Rate Type Service State Exchange (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Charge Service Char | |
| Contact Name - Person USAC should contact regarding this data Beverity Answertant Contact Name of person identified in data line GOSO December 1 Contact Temporary Contact Tem | Contact Name - Person USAC should contact regarding this data line Contact Telephone Number - Number of person identified in data line Contact Email Address - Email Address of person identified in data line Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge cats | |
| Contact Telephone Number - Number of person identified in date line 40300 | Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge Effective Date State Exchange (ILEC) SAC (CETC) Rate Type Service Charge Service Charge State Service Charge Service Charge State State Service Charge State State Service Charge State State Service Charge State State Service Charge Service Charge Service Charge Service Charge Service Charge State Service Charge State Service Charge | |
| Acade State wide Residential Local Service Charge Effective Date 21/2027 State wide Residential Local Service Charge 21/2027 State Universal Service Charge State Universal Service Charge State Universal Service Charge State Universal Service Charge Service Char | Residential Local Service Charge Effective Date Single State-wide Residential Local Service Charge State Exchange (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Charge (ILEC) SAC (CETC) Rate Type Service Service Charge (ILEC) SAC (CETC) Rate Type Service Charge (ILEC) | ext.1106 |
| Residential Local Service Charge Effective Date 27:00 CGTC Charge Effective Date 27:00 CGTC CGTC CGTC CGTC CGTC CGTC CGTC CG | Single State-wide Residential Local Service Charge Single State-wide Residential Local Service Charge State State Exchange (ILEC) SAC (CETC) Rate Type Service Service Charge The Service Charge The Service Charge The Service Charge Service Charge The Ser | 1. com |
| State Exchange (ILEC) SAC (CETC) Rave Type Residential Local State Universal Service Fee Nandstory Extended Area Service Type Service Charge State Universal Service Fee Service Charge Se | Ca15 Ca25 Ca35 Cb15 Residen State Exchange (ILEC) SAC (CETC) Rate Type Service | |
| Exchange (ILEC) SAC (CETC) Rate Type Residential Local State Subscriber Line Change State Universal Service Fee Mandatury Extended Average State Universal Service Fee Service Change Service | Exchange (ILEC) SAC (CETC) Rate Type Servic | <454> |
| | - See attached wc | State Universal Service Fee |
| - See attached worksheet | See affached wc | |
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| | Study Area Name | | | RAINBOW TELECOM | | | | | |
| i 1 | Program Year | , | | 2018 | | | | | |
| <030> | Contact Name - Person US | Contact Name - Person USAC should contact regarding this data | his data | Beverly Armstrong | 1g | | | | |
| <035> | Contact Telephone Numbe | Contact Telephone Number - Number of person identified in data line <030> | ed in data line <030> | 7855487511 ext.1106 | 106 | | | | |
| <039> | Contact Email Address - En | Contact Email Address - Email Address of person identified in data line <030> | ed in data line <030> | bev@rainbowtel.com | wc | | | | |
| <711> | (d1) | <a2></a2> | 4 ¢ | <₽> | ٥ | <d1></d1> | <42> | ~69> | <d45></d45> |
| | | | | State Remilated | | Broadband Service - Download Speed | Broadhand Condre. | Ileano Allouranco | Usage Allowance |
| | State | Exchange (ILEC) | Residential Rate | Fees | Total Rate and Fees | (Mbps) | Upload Speed (Mbps) | (GB) | Limit Reached {select } |
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| | | · · · · · · · · · · · · · · · · · · · | | worksheet | | | | *************************************** | |
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| (800) Op Data Col | (800) Operating Companies Data Collection Form | | | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
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| | | | | | July 2013 |
| <010> | Study Area Code | | 411820 | | |
| <015> | Study Area Name | | RAINBOW TELECOM | Ж | |
| <020> | Program Year | | 2018 | | |
| <030> | 1 | Contact Name - Person USAC should contact regarding this data | Beverly Armstrong | Suo: | |
| <035> | | Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 | :.1106 | |
| <039> | | Contact Email Address - Email Address of person identified in data line <030> | bev@rainbowtel.com | 7.com | |
| <810> | Reporting Carrier | Rainbow Telecommunications Association, Inc. | | | |
| <811> | ı | Rainbow Telecommunications Association, Inc. | | | |
| <812> | 1 1 | Rainbow Telecommunications Association, Inc. | *************************************** | *************************************** | |
| <813> | <813> | | | <97> | |
| | | Affiliates | | SAC | Doing Business As Company or Brand Designation |
| | | | | | |
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| | | | See atta | See attached worksheet | 961 |
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| Data Collection Form | July 2013 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|
| <010> Study Area Code | 411820 |
| <015> Study Area Name | RAINBOW TELECOM |
| <020> Program Year | 2018 |
| <030> Contact Name - Person USAC should contact regarding this data | Beverly Armstrong |
| <035> Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 |
| <039> Contact Email Address - Email Address of person identified in data line <030> | bev@rainbowtel.com |
| <900> Does the filing entity offer tribal land services? (Y/N) | No |
| <910> Tribal Land(s) on which ETC Serves | |
| | |
| <920> Tribal Government Engagement Obligation | |
| | Name of Attached Document |
| if your company serves Tribal lands, please select (Yes,No, NA) for each these boxes to confirm the status described on the attached PDF, on line 920, | Select |
| demonstrates coordination with the Tribai government pursuant to § 54.313(a)(9) includes: | Yes or No or Not Applicable |
| | |
| <922> Feasibility and sustainability planning; <923> Marketing services in a culturally sensitive manner; | |
| | |
| <925> Compliance with Land Use permitting requirements <926> Compliance with Facilities Siting rules | |
| | |
| <928> Compliance with Cultural Preservation review processes <929> Compliance with Tribal Business and Licensing requirements. | |

| | | | 11 2801 |
|---------------------|-------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| 1000) V lata Col | (1000) Voice and Broadband Service Rate Comparability Data Collection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | ntrol No. 3060-0819 |
| <010> | Study Area Code | 600.7 | |
| 015 | Study Area Name | RAINEON TELECON | *************************************** |
| <020> | Program Year | 2018 | |
| <030> | Contact Name - Person USAC should contact regarding this data | Beverly Armstrong | |
| <035> | Contact Telephone Number - Number of person identil | 7855487511 ext.1106 | |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | beverainbowrel.com | *************************************** |
| <1000> | Voice services rate comparability certification | Yes | |
| <1010> | Attach detailed description for voice services rate comparability compliance | | |
| | | Name of Attached Document | |
| <1020> | y Broadband comparability certification | Yes - Pricing is no more than the most recent applicable benchmark announced by the Wireline Competition Bureau | mark announced by |
| <1030> | Attach detailed description for broadband comparability compliance | 411820ks1030.pdf | |
| | | Name of Attached Document | |

Page 12

| khaul Reporting E E E E E E E E E E E E E | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | 411820 | Yes | id 256 kbps | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|--------|----------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| (1100) No Terrestrial Bacd Data Collection Form <010> Study Area Code <015> Study Area Name <020> Program Year <030> Contact Telephol <035> Contact Email Ao <039> Contact Email Ao <1100> Certify whethe <1130> Please select the areporting carrier of upstream within th | (1100) No Terrestrial Backhaul Reporting Data Collection Form | | Certify whether terrestrial backhaul options exist (Y/N) | Please select the appropriate response (Yes, No, Not reporting carrier offers broadband service of at least 1 upstream within the supported area pursuant to § 54.3 | |

| (1200) Terms and Cor Lifeline Data Collection Form | (1200) Terms and Condition for Lifeline Customers Lifeline Data Collection Form | | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|----------------------------------------------------------------------------------|
| Study | Study Area Code | | 411820 |
| Study | Study Area Name | | RAINBOW TELECOM |
| Progra | Program Year | | 2018 |
| Conta | Contact Name - Person USAC should contact regarding this data | | Beverly Armstrong |
| Cont | Contact Telephone Number - Number of person identified in data line <030> | ine <030> | 7855487511 e.xt.,1106 |
| Series | Contact Email Address - Email Address of person identified in data line <030> | line <030> | bev@rainbowtel.com |
| Term | <1210> Terms & Conditions of Voice Telephony Lifeline Plans | 4 | 411820ks1210.pdf |
| | | | Name of Attached Document |
| Link | Link to Public Website | НТТР | |
| "Please check the or the website list § 54.422(a)(2) an annually report: | "Please check these boxes below to confirm that the attached document(s), on line 1210, or the website listed, on line 1220, contains the required information pursuant to § 54.422(a)(2) annual reporting for ETCs receiving low-income support, carriers must annually report: | 1210, t | |
| Infor telep | Information describing the terms and conditions of any voice telephony service plans offered to Lifeline subscribers, | > | |
| Deta | Details on the number of minutes provided as part of the plan, | > | |
| Addit | <1223> Additional charges for toll calls, and rates for each such plan. | | |
| | | | |

Page 14

Name of Attached Document Listing

Attach geocoded Information for Phase I milestone reports (Round 2 for year three) - Connect America Fund , WC Docket 10-90, Report and

<2025B>

Order, FCC 13-73, paragraph 35 (May 22, 2013).

2016 and future Frozen Support Certification 47 CFR § 54.313(c)(4)

<2015>

Required Information

| (2005) Price C | (2005) Price Fac Farrier Additional Decumentation | | 100 E-100 E | |
|--------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| Data Collection Form | n Form | | PLL F97m 481. OMB Control No. 3060-0986/GMB Control No. 3060-0819 | <u>.</u> |
| Including Rate | Including Rate-of-Return Carriers affiliated with Price Cop Local Exchange Carriers | | July 2013 | |
| <010> Stuc | Study Area Code | 411820 | | |
| <015> Stuc | Study Area Name | RAINBOW TELECOM | | |
| <020> Pro | Program Year | 2018 | | |
| <030> Con | Contact Name - Person USAC should contact regarding this data | Beverly Armstrong | | |
| <035> Con | Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 | | |
| <039> Con | Contact Email Address - Email Address of person identified in data line <030> | bev@rainbowtel.com | | |
| | | | | ſ |
| Select the a reductions, | Select the appropriate responses below (Yes, No, Not Applicable) to note reductions, and Connect America Phase II support as set forth in 47 CFR § | compliance as a recipient 54.313(b),(c),(d),(e). The i | Select the appropriate responses below (Yes, No, Not Applicable) to note compliance as a recipient of Incremental High Cost support, High Cost support to offset access charge reductions, and Connect America Phase II support as set forth in 47 CFR § 54.313(b),(e). The information reported on this form and in the documents attached below is accurate. | ٠ |
| Incremen | Incremental Connect America Phase I reporting | | | |
| | | | | |
| į | | | | |
| <2011> | 3rd Year Certification 47 CFR §54.313(b)(1)(ii) - Note | ii) - Note that for the | | |
| | July 2017 certification, this applies to Round 2 recipients of | nts of | | |
| | Incremental Support. | | | |
| <202> | Recipient certifies, representing year three after filing a notice of | a notice of | | |
| | acceptance of funding pursuant to 54.312(c), that the locations in | locations in | | |
| | question are not receiving support under the broadband initiatives | and initiatives | | |
| | projects that will provide broadband with coold of at least 1 | + 102t 4 | | |
| | projects that will provide producation with speeds of at it. Mhns // Whns - \$4, 313(h)/2)(i) Round 2 radiationts only | it least 4 | | |
| <2023> | The attachment on line 2024 includes a statement of the total amount of | ity. the total amount of | | |
| | capital funding expended in the previous year in meeting Connect | ting Connect | | |
| | America Phase I deployment obligations, accompanied by a list of | ed by a list of | | |
| | census blocks indicating where funding was spent. Tl | spent. This covers | | |
| | year three - 54.313(b)(2)(ii). Round 2 recipients only. | | | |
| <2024A> | Round 2 Recipient of Incremental Support? | | | |
| | | | | |
| <2024B> | Attach list of census blocks indicating where funding v | funding was spent in year | Name of Attached Document Listing | |
| | three - 54.313(b)(2)(ii). Kound 2 recipients only. | | Kequired Information | |
| <2025A> | Round 2 Recipient of Incremental Support? | | | |

REDACTED - FOR PUBLIC INSPECTION OMB Control No. 3060-0986/OMB Control No. 3060-0819 FCC Form 481 Name of Attached Document Listing July 2013 Required Information reasonably comparable to rates charged to eligible schools and libraries in broadband service that meets the connectivity targets for the schools and Internet access services in response to all FCC Form 470 postings seeking receiving Phase II model-based support, and that such bids were at rates Recipient certifies that it bid on category one telecommunications and libraries located within any area in a census block where the carrier is Total amount of Phase II support, if any, the price cap carrier used for broadband service in the preceding calendar year - 54.313(e)(1)(ii)(A) libraries universal service support program for eligible schools and institutions to which the carrier newly began providing access to Attach the number, names, and addresses of community anchor Price Cap Carrier Connect America ICC Support {47 CFR § 54.313(d)} urban areas for comparable offerings - 54.313(e)(1)(ii)(C) Connect America Phase II Reporting {47 CFR § 54.313(e)} including Rate-of-Return Carriers affiliated with Price Cap Local Exchange Carriers Certification support used to build broadband Connect America Fund Phase II recipient? capital expenditures in 2016. (2005) Price Cap Carrier Additional Documentation Data Collection Form <2017A> <2017C> <2018> <2019>

| | REDACTED |) - FOR F | PUBLIC | INSPEC | CTION |
|--------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|------------------|----------------|----------------------------------------------------------------------------------|
| (3005) Rate (Data Collecti | Of Return Carrier Additional Documentation on Form | | | | FCC Form 481 OMB Control No. 3050-0965/OMB Control No. 3060-0819 July 2013 |
| <010> | Study Area Code | | 411820 | | |
| <015> | Study Area Name | | | TELECOM | |
| <020> | Program Year | | 2018 | | |
| <030> | Contact Name - Person USAC should contact regarding this | data | Beverly | Armstro | nq |
| <035> | Contact Telephone Number - Number of person identified in | n data line <030> | | 11 ext.11 | |
| <039> | Contact Email Address - Email Address of person identified i | n data line <030> | bev@rai | nbowtel. | com |
| | · | | | | |
| financial r | m the drop down menu or check the boxes below to eporting requirements set forth in 47 CFR 54.313(f) below is accurate. | | | | |
| (3009) | Progress Report on 5 Year Plan Carrier certifies to 54.313(f)(1)(iii) | | | | |
| (3010A) | Certification of Public Interest Obligations (47 CFR § | | Yes - At | tach Certific | |
| | 54.313(f)(1)(i)} | | | | 411820ks3010B.pdf |
| (3010B) | Please Provide Attachment | Name of Attack Information | hed Document Lis | sting Required | |
| 3012A) | Community Anchor Institutions {47 CFR § 54.313(f)(1)(ii)} | No - No New Co | mmunity Anchors | 1 | |
| 3012B) | Please Provide Attachment | | hed Document Lis | sting Required | |
| 3013) | Is your company a Privately Held ROR Carrier (47 CFR | Information {Yes/No} | \odot | 0 | |
| 3014) | § 54.313(f)(2)} If yes, does your company file the RUS annual report | (Yes/No) | • | 0 | |
| (3015) | Please check these boxes to confirm that the attached PDF, on line 3017, contains the required information pursuant to § 54.313(f)(2) compliance requires: Electronic copy of their annual RUS reports (Operating Report for Telecommunications Borrowers) Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | | <i>'</i> | 411820ks3017.pdf |
| (3017) | If the response is yes on line 3014, attach your company's RUS annual report and all required | Name of Attack | hed Document Lis | sting Required | |
| (3018) | documentation If the response is no on line 3014, is your company audited? If the response is yes on line 3018, please check the boxes below to confirm your submission on line | (Yes/ | No) | 0 | |
| (3019) | 3026 pursuant to § 54.313(f)(2), contains: Either a copy of their audited financial statement; or (2) a financial report in a format comparable to RUS | | | | |
| (3020) | Operating Report for Telecommunications Borrowers Document(s) for Balance Sheet, Income Statement and Statement of Cash Flows | | | | |
| (3021) | Management letter and/or audit opinion issued by the independent certified public accountant that performed the company's financial audit. If the response is no on line 3018, please check the boxes below to confirm your submission on line | | | | |
| (3022) | 3026 pursuant to § 54.313(f)(2), contains: Copy of their financial statement which has been subject to review by an independent certified public accountant; or 2) a financial report in a format comparable to RUS Operating Report for | | | | |
| (3023) | Telecommunications Borrowers Underlying information subjected to a review by an independent certified public accountant | | | | |
| (3024) | Underlying information subjected to an officer certification. | | | | |
| (3025) | Document(s) with Balance Sheet, Income Statement and Statement of Cash Flows | | | | |

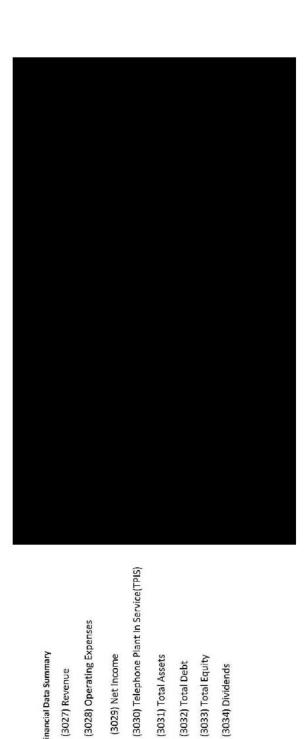
Name of Attached Document Listing Required

Information

Attach the worksheet listing required information

(3026)

| (3005) Rate | (3005) Rate Of Return Carrier Additional Documentation (Continued) | FCC Form 481 | |
|----------------------|-----------------------------------------------------------------------------------------------------------|---------------------|-----------------------------------------------------|
| Data Collection Form | ion Form | OMB Centrol No. 3 | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | July 2013 | |
| <010> St | <010> Study Area Code | 411820 | |
| <015> St | <015> Study Area Name | RAINBOW TELECOM | |
| <020> Pr | <020> Program Year | 2018 | |
| <030> Cc | <030> Contact Name - Person USAC should contact regarding this data | Beverly Armstrong | |
| <035> C | 035> Contact Telephone Number - Number of person identified in data line <030> 7855487511 axt.1106 | 7855487511 Ext.1106 | |
| <039> C(| <039> Contact Email Address - Email Address of person identified in data line <030> beyvara inbowtell.com | bevorainbowtel.com | |



(3028) Operating Expenses

(3029) Net Income

(3031) Total Assets

(3033) Total Equity (3032) Total Debt

(3034) Dividends

Financial Data Summary

(3027) Revenue

Page 18

(4005) Rural Broadband Experiment Additional Documentation

FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819

July 2013

| <010> | Study Area Code | 411820 |
|-------|----------------------------------------------------------------------|-------------------------------|
| <015> | Study Area Name | MOUNTAIN WORNERS |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Reverly Artscrong |
| <035> | Contact Telephone Number - Number of person identified in data li | ine <030> 7855487511 ext.1106 |
| <039> | Contact Email Address - Email Address of person identified in data l | ine <030> bev@rainbowtel.com |

4005 Rural Broadband Experiment

Authorized Rural Broadband Experiment (RBE) recipients must address the certification for public interest obligations, provide a list of newly served community anchor institutions, and provide a list of locations where broadband has been deployed.

Public Interest Obligations - FCC 14-98 (paragraphs 26-29, 78)

Please address Line 4001 regarding compliance with the Commission's public interest obligations. All RBE participants must provide a response to Line 4001.

4001. Recipient certifies that it is offering broadband to the identified locations meeting the requisite public interest obligations consistent with the category for which they were selected, including broadband speed, latency, usage capacity, and rates that are reasonably comparable to rates for comparable offerings in urban areas?

Community Anchor Institutions - FCC 14-98 (paragraph 79)

4003a. RBE participants must provide the number, names, and addresses of community anchor institutions to which they newly deployed broadband service in the preceding calendar year. On this line, please respond (yes – attach new community anchors, no – no new anchors) to indicate whether this list will be provided.

If yes to 4003A, please provide a response for 4003B.

relevant geographic area.

| 4003b. Provide the number, names and addresses of community anchor institutions to which the recipient newly began providing access to | Name of Attached Document Listing Required Information | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|--|
| broadband service in the preceding calendar year. | | |
| Broadband Deployment Locations – FCC 14-98 (par | agraph 80) | |
| 4004a. Attach a list of geocoded locations to which broadband has been deployed as of the June 1st immediately preceding the July 1st filing deadline for the FCC Form 481. | Name of Attached Document Listing Required Information | |
| 4004b. Attach evidence demonstrating that the | | |
| recipient is meeting the relevant public service obligations for the identified locations. Materials | | |
| must at least detail the pricing, offered broadband speed and data usage allowances available in the | Name of Attached Document Listing Required Information | |

| Data Col | tion - Reporting Carrier lection Form | OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
|----------|-------------------------------------------------------------------------------|-----------------------------------------------------|
| <010> | Study Area Code | 411820 |
| <015> | Study Area Name | RAINBOW TELECOM |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Beverly Armstrong |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bev@rainbowtel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF THE REPORTING CARRIER IS FILING ANNUAL REPORTING ON ITS OWN BEHALF:

| certify that I am an officer of the reporting carrier; my responsibilities include ensuring the accuracy of the annual reporting requirements for universal service support ecipients; and, to the best of my knowledge, the information reported on this form and in any attachments is accurate. | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|--|--|
| Name of Reporting Carrier: RAINBOW TELECOM | | | |
| Signature of Authorized Officer: CERTIFIED ONLINE | Date 06/22/2017 | | |
| Printed name of Authorized Officer: Kathy Ruoff | | | |
| Title or position of Authorized Officer: Controller - CFO | | | |
| Telephone number of Authorized Officer: 7855487511 ext.1134 | | | |
| Study Area Code of Reporting Carrier: 411820 | Filing Due Date for this form: 07/03/2017 | | |

| Data Coll | don - Agent / Carrier ection Form | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 |
|-----------|-------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <010> | Study Area Code | 411820 |
| <015> | Study Area Name | RAINBOW TELECOM |
| <020> | Program Year | 2018 |
| <030> | Contact Name - Person USAC should contact regarding this data | Beverly Armstrong |
| <035> | Contact Telephone Number - Number of person identified in data line <030> | 7855487511 ext.1106 |
| <039> | Contact Email Address - Email Address of person identified in data line <030> | bev@rainbowtel.com |

TO BE COMPLETED BY THE REPORTING CARRIER, IF AN AGENT IS FILING ANNUAL REPORTS ON THE CARRIER'S BEHALF:

| I certify that (Name of Agent) | is authorized to submit the information reported on behalf of the reporting carrier |
|-------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| also certify that I am an officer of the reporting carrier; my re- agent; and, to the best of my knowledge, the reports and data | nsibilities include ensuring the accuracy of the annual data reporting requirements provided to the authorized ovided to the authorized agent is accurate. |
| Name of Authorized Agent: | |
| Name of Reporting Carrier: | |
| Signature of Authorized Officer: | Date; |
| Printed name of Authorized Officer: | |
| Title or position of Authorized Officer: | |
| Telephone number of Authorized Officer: | |
| Study Area Code of Reporting Carrier: | Filing Due Date for this form: |

TO BE COMPLETED BY THE AUTHORIZED AGENT:

| Certification of Agent A | Authorized to File Annual Reports for CAF or LI Recipie | nts on Behalf of Reporting Carrier |
|-----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| | orized to submit the annual reports for universal service support eporting carrier; and, to the best of my knowledge, the informat | |
| Name of Reporting Carrier: | | \- W- |
| vame of Authorized Agent Firm: | | |
| ignature of Authorized Agent or Employee of Agent: | | Date: |
| lame of Authorized Agent Employee: | | |
| Itle or position of Authorized Agent or Employee of Agent | | - 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 |
| elephone number of Authorized Agent or Employee of Age | ent: | |
| itudy Area Code of Reporting Carrier: | Filing Due Date for this form: | |

Attachments

REDACTED - FOR PUBLIC INSPECTION 411820ks510

Affidavit of Jason Smith

I, Jason Smith, being of lawful age and duly sworn, on my oath and under penalty of perjury, state that I am the General Manager and an Officer of Rainbow Telecommunications Association, Inc. and that I am authorized to execute this Affidavit on behalf of Rainbow Telecommunications Association, Inc., and the facts set forth in this Affidavit are accurate to the best of my knowledge, information and belief.

- I have reviewed the foregoing 2016 ETC Certification of Support and Annual Report of Rainbow Telecommunications
 Association, Inc. and hereby declare that the contents of the Report are true and correct to the best of my knowledge and
 belief.
- 2. I hereby certify pursuant to the requirements under 47 C.F.R. §54.313(a)(6) that:
 - a. Rainbow Telecommunications Association, Inc. has established operating procedure designed to facilitate compliance with applicable consumer protection rules.
 - b. Rainbow Telecommunications Association, Inc. has established operating procedures designed to facilitate compliance with service quality standards, which may include customer remedies and improvement plans.
 - c. Rainbow Telecommunications Association, Inc. is able to remain functional in emergency situations as set forth in §54.202(a)(2), and
- All federal universal service support to Rainbow Telecommunications Association, Inc. was used in the preceding calendar
 year and will be used in the coming calendar year only for the provision, maintenance, and upgrading of facilities and
 services for which the support in intended.

Gom Smith

Jason Smith

ACKNOWLEDGMENT

State of Kansas)

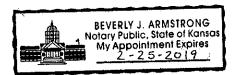
:ss.

County of Brown)

Subscribed, sworn to and acknowledged before me on this 23rdday of June, 2017 by

Jason Smith.

Stamp:



Notary Public

Form 481 Line 600 §54.313(a)(6) – Functionality in Emergency Situations

Rainbow Telecommunications Association, Inc.

See 411820ks510

| | Study Area Name Program Year Contact Name - Person USAC should contact regarding this data Contact Telephone Number - Number of person identified in data line <030> 7855487511 ext.11 | | | | |
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| hic data | | | en e | | |
| a line | | 7855487511 ext.1106 | | | |
| Contact Email Address - Email Address of person identified in data line <030> | | bev@rainbowtel.com | | | |
| 1/1/2017 | | | | | |
| | | | | | |
| cb1> | <th>493</th> <th>4645</th> <th> </th> <th>٥</th> | 493 | 4645 | | ٥ |
| Rate Type | Service Rate | Stat | State Universal Service Fee | Service Charge | Total per line Rates and Fee |
| RP RP | 17.0 | 0.0 | 1,22 | 0.0 | 18.22 |
| | 17.0 | 0.0 | 1.22 | 0.0 | 18.22 |
| | 17.0 | 0.0 | 1.22 | 0.0 | 18.22 |
| 7R 17 | 17.0 | 0.0 | 1,22 | 0.0 | 18.22 |
| FR 17.0 | 0 | 0.0 | 1.22 | 0.0 | 18.22 |
| FR 17.0 | 0 | 0.0 | 1.22 | 0.0 | 18.22 |
| FR 17.0 | | 0.0 | 1.22 | 0.0 | 18.22 |
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CONFIDENTIAL

| Data Collection Form | | | | | | | | | | |
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| | (710) Bro Data Coll | oadband Pri lection Form | ce Offerings n | | | | | | FCC Form 481 OMB Control | FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 |
| | | | THE PROPERTY OF THE PARTY OF TH | | | | | | July 2013 | |
| | <010> | | Code | | | 411820 | | | | |
| | <015> | | Name | | | RAINBOW TELECOM | 34 | | | |
| | <020> | | ear | | | 2018 | | | | |
| | <030> | | ıme - Person USAC shoul | ld contact regarding | this data | Beverly Armstrong | buo | | | |
| | <032> | | lephone Number - Numi | ber of person identi | ied in data line <030. | > 7855487511 ext.1106 | .1106 | | | |
| State Exchange (ILEC) Residential Rate KS All Exchanges 59.95 KS All Exchanges 94.95 KS All Exchanges 149.95 | <039> | | nail Address - Email Addı | ress of person ident | fied in data line <030 | 2220 | com | | 24 | |
| tate Exchange (ILEC) Residential Rate All Exchanges 59.95 All Exchanges 94.95 All Exchanges 149.95 All Exchanges 149.95 | <711> | | <2a> | 401> | < | <c> <d1></d1></c> | <9>< | <23> | | <d4>></d4> |
| All Exchanges | | State | Exchange (ILEC) | Residential Rate | State Regulated Fees | Total Rates and Fees | Broadband Service - Download Speed (Mbps) | Broadband Service - Broadband Service Download Speed -Upload Speed (Mbps) (GB) | Usage Allowance (GB) | Usage Allowance Action Taken When Limit Reached {select} |
| All Exchanges 69.95 All Exchanges 149.95 All Exchanges 149.95 | | KS | All Exchanges | 59.95 | 0.0 | 59.95 | 15.0 | 5.0 | 0.88888 | Other, no action |
| All Exchanges 94.95 All Exchanges 149.95 | | KS | All Exchanges | 69.95 | 0.0 | 69.95 | 25.0 | 5.0 | 0.666666 | Other, no action |
| All Exchanges 149.95 | | KS | All Exchanges | 94.95 | 0.0 | 94.95 | 50.0 | 5.0 | 0.868688 | Other, no action |
| | | KS | All Exchanges | 149.95 | 0.0 | 149.95 | 100.0 | 5.0 | 0.888888 | Other, no action |
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| FCC Form 481 OMB Control No. 3060-0986/OMB Control No. 3060-0819 July 2013 | | | | | VA. | | | | To a second seco | ₹B. | Doing Business As Company or Brand Designation | Rainbow Communications | | THE THE PROPERTY OF THE PROPER | No. 14. Hilliam Market Control of the Control of th | | WARRANT AND THE PROPERTY OF TH | TO THE PROPERTY OF THE PROPERT | | TO THE HOUSE OF THE PARTY OF TH | | | *************************************** | | | |
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| | | COM | | trong | xt.1106 | el.com | | | | <a>> | SAC | 419039 | | | | WALE TO SERVICE A SERVICE | | A A A SHI THE STATE OF THE STAT | | | | | | | | |
| | 411820 | RAINBOW TELECOM | 2018 | Beverly Armstrong | 7855487511 ext.1106 | bev@rainbowtel.com | ij. | nc. | nc. | | | *************************************** | | | | | | | | | | | | | • | |
| (800) Operating Companies Data Collection Form | <010> Study Area Code | <015> Study Area Name | <020> Program Year | <030> Contact Name - Person USAC should contact regarding this data | <035> Contact Telephone Number - Number of person identified in data line <030> | <039> Contact Email Address - Email Address of person identified in data line <030> | - Reintine Carrier Rainbow Telecommunications Association, Inc. | Holding Company Rainbow Telecommunications | 1 1 | <813> | Affiliates | Rainbow Communications LLC | | | ************************************** | | entermentable that the second | | | TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT | The second secon | The second secon | TYTTPERFERENCE PARTIES AND | | - попринцијуналала | The state of the s |

Form 481 Line 1030 §54.313(a)(10) - Broadband Rate Comparability

Rainbow Telecommunications Association, Inc. retail monthly broadband is no more than the non-promotional price charged for a comparable fixed wireline service in urban areas in the eligible telecommunications carriers supported area.



Application for Kansas Lifeline Program

Kansas Lifeline is a telephone discounts program offered to low-income consumers.

Please certify your eligibility to receive the discount by indicating how you qualify. You may also need to show proper documentation.

| Custom | er Name: F | Phone | e NoDate: |
|---------|--------------------------------------------------|---------|---------------------------------------------------------------|
| Are you | already enrolled in a Lifeline Service progra | m thro | ough your cellular provider?YesNo |
| You may | y qualify for Kansas Lifeline and if you partici | ipate i | in one of the following programs. |
| | Please check the | prog | ram in which you participate. |
| | Food Stamps (SNAP) | | Federal Public Housing Assistance (Section 8) |
| | Supplemental Security Income (SSI) | | United Tribes Food Distribution Program |
| | Veteran's Pension or Survivor's Pension | | Tribally administered Temporary Assistance for Needy Families |

| Persons in Household | Annual Household Income No Higher Than: |
|-------------------------|--------------------------------------------|
| 1 | \$16,281 |
| 2 | \$21,924 |
| 3 | \$27,567 |
| 4 | \$33,210 |

| Persons in Household | Annual Household Income No Higher Than: |
|-------------------------|--------------------------------------------|
| 5 | \$38,853 |
| 6 | \$44,496 |
| 7 | \$50,139 |
| 8 | \$55,782 |

You may also qualify if your annual household income at or below 135% of the federal poverty level guidelines. Customers qualifying by virtue of annual household income will need to follow these instructions:

- 1. Complete the Application for Kansas Lifeline Program (this page).
- 2. Complete the Self-Certification for Lifeline Subscribers Qualifying Under Income Levels (next page).
- Provide proof of your annual income.
 Return completed information to your nearest Rainbow Communications office.

Proof includes the prior year's state, federal, or tribal tax return, current payroll checks, Social Security statement of benefits, a Veterans Administration statement of benefits, or an Unemployment/Worker's Compensation statement of benefits. If your proof is of a monthly nature such as a payroll check you must provide three consecutive months of proof.)

By signing below, you are certifying that the telecommunications services are installed in your name; you are not a dependent listed on another person's tax return, unless over 60 years of age; the address listed on your account is your primary residence and your name, address, phone number and social security number listed on this form and on your account are current and correct.

| Customer Signature | Date |
|---------------------------------------------------|------------------------------------------------------------------------|
| I will notify Rainbow Communications when | nen I am no longer receiving the assistance I have indicated and/or my |
| annual household income no longer qualifies me to | for these discounts (please initial). |

Page 1 of 4

^{*} For each additional person, add \$5,643.00



| COMPANY INFORMATION: | 608 Main Street/PO Box 14 |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Company Name: Rainbow Communications | Company Address: Everest. KS 66424 |
| Company Contact Name: Billing Department | Telephone Number: 800-892-0163 |
| The state of the s | wtel.com or kellys@rainbowtel.com |
| The state of the s | complete the following information: |
| SUBSCRIBER INFORMATION: | 9 7 |
| Subscriber's Full Name: | |
| Subscriber's Full Residential Address: | |
| (No P.O. Boxes) El Permanent El Temporary | |
| Temporary Residential Address: | |
| (e.g. shelter, friend, family member, etc.) | |
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| descriptive address that can be used to perform a che | (Max = 1200mg) = 0 (1000 € • 1 00g) (100 € • 100g) (100 € • 100 € • 100g) (100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 € • 100 |
| Subscriber's Lifeline Billing Address (P.O. Boxes Allowe | ed): |
| ☐ Check if Same as Residential Address | |
| Subscriber's Date of Birth: | Subscriber's last Four Digits of SS No.:XXXX |
| Subscriber's Tribal ID Number if no SS No.: | |
| XXXXXXXX | |
| Subscriber seeking to qualify for Lifeline under <u>proc</u> □ Medicald □ SNAP □ SSI □ | |
| | FPHA (Section 8) DLIHEAP D TANF |
| ☐ National School Lunch Program (Free Lunch Program) | Li General Assistance (GA) Li Food Dist, Program |
| ② Subscriber eligible resident on <u>Tribal Lands</u> check al | l applicable boxes below: |
| ☐Tribally Admin Free School Lunch Program ☐ | Tribal TANF FDPIR |
| ☐ Head Start (those meeting income standard) ☐ | Bureau of Indian Affairs GA |
| Subscriber seeking to qualify for Lifeline under the in residential household: | <u>income-based criterion,</u> provide the number of individuals |
| Number in household | MONTHS of statements as documentation of income, or syear. |
| See Bar | ck of Form> |
| | |

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, deenrollment or being barred from the program.



CERTIFY PROSPECTIVE SUBSCRIBER'S ELIGIBITY

| Each prospective subscriber <u>must</u> certify, under penalty of perjury for receiving Lifeline support, by <u>initialing</u> each applicable area: |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| : The subscriber meets the Income-based or program-based eligibility criteria listed above. |
| : The subscriber <u>must</u> notify the carrier within 30 days if for any reason the subscriber no longer satisfies the criteria for receiving Lifeline support. |
| : The subscriber qualifles for Lifeline support as an eligible <u>resident of Tribal lands</u> , and the subscriber <u>must</u> live on Tribal Lands. |
| : When the subscriber moves to a <u>new address</u> the subscriber <u>must</u> provide that new address to the ETC within 30 days, |
| : When subscriber provides a <u>temporary residential address</u> to the ETC, subscriber is required to verify their temporary residential address every 90 days. |
| Subscriber acknowledges that a household is eligible to receive only one Lifeline service and, to the best of his/her knowledge, the subscriber's household is not already receiving a Lifeline service. A household defined for purposes of the Lifeline program; as any individual or group of individuals who live together at the same address and share income and expenses. |
| : The Information contained in this subscriber's certification form is true and correct to the best of the subscriber's knowledge. |
| : Subscriber acknowledges that providing false or fraudulent information on this certification form to receive Lifeline benefits is punishable by law. |
| Subscriber acknowledges that he/she may be required to re-certify their eligibility for Lifeline at any time, and the subscriber's failure to re-certify as to their continued eligibility will result in de-enrollment and the termination of the subscriber's Lifeline benefits pursuant to Section 54.405(e)(4). |
| : Lifeline is a <u>non-transferable benefit</u> and the subscriber may <u>not</u> transfer his or her benefit to any other person. |
| : A household is not permitted to receive Lifeline benefits from multiple providers. |
| : Violation of the one-per-household limitation constitutes a violation of the Commission's rules and will result in the subscriber's de-enrollment from the program. |
| SIGNATURES: |
| Subscriber's Signature Date |
| INFORMATION BELOW TO BE COMPLETED BY RAINBOW: Company's Signature Date |
| Documentation provided to support eligibility: |
| |

Lifeline is a federal benefit and that willfully making false statements to obtain the benefit can result in fines, imprisonment, deeproliment or being barred from the program.

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Self-Certification for Lifeline Subscribers Qualifying Under Income Levels

| I, | ce | rtify that the docume | entation I presented to | |
|------------------------------------------------------------------------|-----------------------------------------------------------------|-----------------------|---------------------------------------------------------|------------------------------------------------------|
| (Legal Name) Rainbow Communi | ications in support of m | y application for Lif | eline discounted telep | hone |
| service, accurately | represents my annual h | ousehold income. I | further certify that the | ere are |
| individu | als living in my housel | nold. I make these co | ertifications under per | nalty of |
| perjury, punishable | by law. | | | |
| Signed: | | | | |
| | | | ** | |
| | \$30.00 (a) | | | |
| Rainbow Commun | d deliver completed for incations office: als—no documentation | | of proof of qualificat | tions to the closest |
| Everest Office 608 Main Street P.O. Box 147 Everest, KS 66424 | Hiawatha Office 628 Oregon Street Hiawatha, KS 66434 | | Sabetha Office 121 S Washington Sabetha, KS 66534 | Seneca Office 513 Main Street Seneca, KS 66538 |
| INFORMATION 1 | BELOW TO BE COM | IPLETED BY RAI | NBOW: | |
| Name of employee | e who reviewed income | documentation: | | |
| Type of income do | ocumentation: | | | |

Lines 3016 – 3017

Financial Information

Redacted in its entirety